

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13108</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Vere</u> <u>O</u> <u>Haynes</u> P.O. Box, Bldg., Room No., if any Street <u>4 Woodstock Street</u> City <u>Hartford</u> State <u>Connecticut</u> ZIP Code + 4 <u>46112-1543</u>	4. Name, file number, and address of labor organization. Name <u>Laborers' International Union of North America</u> Labor Organization File Number <u>000-131</u> P.O. Box, Building and Room Number, if any Street <u>905 16th Street, N.W.</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006-1703</u>
5. Position in labor organization. <u>VP at Large</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>[Signature]</u>	On <u>8/15/05</u> <u>860-242-3861</u> Date Telephone Number

Name of Person Filing Vere Haynes	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 90%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 90%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/></p> <p>Street <input style="width: 90%;" type="text"/></p> <p>City <input style="width: 90%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input style="width: 90%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 90%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/></p> <p>Street <input style="width: 90%;" type="text"/></p> <p>City <input style="width: 90%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>11.b. Approximate dollar value of such dealing. <input style="width: 100%;" type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>12.b. Amount. <input style="width: 100%;" type="text"/></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Laborers'-Employers Coop & Education Trust</p> <p>Trade Name, if any: <input style="width: 90%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/></p> <p>Street 905 16th Street, N.W.</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20006-1703</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; padding: 5px;">1/17/04: National Tri-Fund Conference, Breakfast.</div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input style="width: 100%;" type="text"/> \$31</p>

Name of Person Filing Vere Haynes

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers'-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

1/18/04: National Tri-Fund Conference, Reception.
Amount unknown, best estimate \$60.13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers'-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

1/20/04: National Tri-Fund Conference, Dinner.
Amount unknown, best estimate \$100.13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers' National Health & Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 210

Street 5565 Sterrett Place

City Columbia

State Maryland ZIP Code + 4 21044-2064

14.a. Nature of payment.

4/28/04 to 4/30/04: National Tri-Fund Board of
Trustees Meetings, Lodging.13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$628

Name of Person Filing Vere Haynes

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers' National Health & Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 210

Street 5565 Sterrett Place

City Columbia

State Maryland ZIP Code + 4 21044-2064

14.a. Nature of payment.

4/29/04: National Tri-Fund Board of Trustees Meetings, Breakfast.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$36

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name NY Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 18 Corporate Woods Boulevard

City Albany

State New York ZIP Code + 4 12211-2522

14.a. Nature of payment.

8/12/04: New York Tri-Fund Meetings, Reception for self and spouse. Amount unknown, best estimate \$100.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name NY Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 18 Corporate Woods Boulevard

City Albany

State New York ZIP Code + 4 12211-2522

14.a. Nature of payment.

8/13/04: New York Tri-Fund Meetings, Dinner for self and spouse. Amount unknown, best estimate \$140.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Vere Haynes

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers' National Health & Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 210

Street 5565 Sterrett Place

City Columbia

State Maryland

ZIP Code + 4 21044-2064

14.a. Nature of payment.

8/25/04 to 8/27/04: National Tri-Fund Board of Trustees Meetings, Lodging.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

\$597

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers' National Health & Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 210

Street 5565 Sterrett Place

City Columbia

State Maryland

ZIP Code + 4 21044-2064

14.a. Nature of payment.

11/17/04 to 11/19/04: National Tri-Fund Board of Trustees Meetings, Lodging.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

\$596

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers' National Health & Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 210

Street 5565 Sterrett Place

City Columbia

State Maryland

ZIP Code + 4 21044-2064

14.a. Nature of payment.

11/18/04: National Tri-Fund Board of Trustees Meetings, Breakfast.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

\$32

Addenda to Form LM-30: Labor Organization Officer and Employee Report

VERE O. HAYNES

File Number U -

Laborers' International Union of North America, Organization File Number 000 -131

Fiscal Year Covered From: 1/1/04 through 12/31/04

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ADDENDUM A

It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.

ADDENDUM B

I am not reporting any benefits that I may have received from a political action committee ("PAC"). My understanding is that PACs report all receipts and disbursements under the Federal Election Campaign Act, and I do not need to report under the Labor-Management Reporting and Disclosure Act.

ADDENDUM C

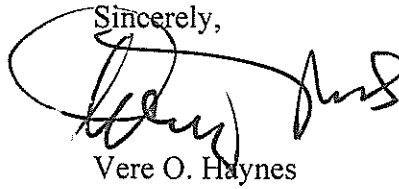
I am not reporting any benefits that I may have received in 2004 from labor organizations affiliated with the Laborers' International Union of North America ("LIUNA"), my employer, or other labor organizations. My understanding of guidance received by the AFL-CIO from the Department of Labor is that benefits received from LIUNA-affiliated labor organizations and other labor organizations are not reportable on the LM-30 report, and I am following that guidance.

ADDENDUM D

I am not reporting certain benefits that I received from the New York State Laborers - Employers Cooperation and Education Trust, the New York State Laborers' Health and Safety Fund, and the New York State Political Action Committee, collectively the "New York Tri-Funds." Throughout the course of completing my LM-30 report, the Laborers' International Union North America ("LIUNA"), my employer, learned that the New York Tri-Funds had paid for certain meeting expenses (lodging) on my behalf in 2004, which should have been paid for by LIUNA. It is my understanding that LIUNA has reimbursed the New York Tri-Funds for those benefits (lodging). To that extent, certain benefits (lodging) that may have been initially provided to me by the New York Tri-Funds in 2004, actually have been provided by LIUNA, and, as such, would not be reportable.

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August 15, 2005
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lawfully reported benefits that I received in 2004. By reporting any items on this LM-30 Report, I do not concede that any of the items must be reported under 29 U.S.C. 432, or that I did not receive such items within the provisions of 29 U.S.C. 186(c).

Sincerely,

Vere O. Haynes

Enclosure